

*rec'd a/18/20
No accounts*

DISTRICT COURT - N.D. OF N.Y.
FILED
OCT 08 2020
AT _____ O'CLOCK
John M. Domurad, Clerk - Albany

WRIT OF EXECUTION

United States District Court		DISTRICT Northern District of New York, Albany Division
TO THE MARSHAL OF: Northern District of New York, Albany Division		
YOU ARE HEREBY COMMANDED, that of the goods and chattels, lands and tenements in your district belonging to:		
NAME	Debra Henderson, with a physical address of 23891, N.Y.S. Route# 342, Watertown, NY 13601-5161; John Henderson, with a physical address of 1002 Courtland Lane, Archdale, NC 27263; and Boom Media LLC, with a former business address of 1002 Courtland Lane, Archdale, NC 27263.	
you cause to be made and levied as well a certain debt of:		
DOLLAR AMOUNT	Judgment in the amount of \$3,333,000.00 in favor of the plaintiffs, DISH Network L.L.C. and NagraStar LLC	
Date of Judgment:	May 19, 2020	Case No.: 5:19-CV-1310 (MAD/ATB)
In the United States District Court for the <u>Northern</u> District of <u>New York</u> before the Judge of the said Court by the consideration of the same Judge lately recovered against the said,		
Debra Henderson, John Henderson and Boom Media LLC		
and also the costs that may accrue under this writ. And that you have above listed moneys at the place and date listed below; and that you bring this writ with you.		
PLACE	DISTRICT Northern District of New York, Albany Division	
CITY	DATE September 10, 2020	
Witness the Honorable <u>M. Domurad</u> U.S. District Judge (United States Judge)		
DATE	CLERK OF COURT John M. Domurad, Clerk	
September 10, 2020	(BY) DEPUTY CLERK s/Britney Norton	
RETURN		
DATE RECEIVED	DATE OF EXECUTION OF WRIT	
This writ was received and executed.		
U.S. MARSHAL		(BY) DEPUTY MARSHAL

NO ACCOUNTS FOUND

Megan

OCT 02 2020

Megan B. Norton

Carthage Federal Savings & Loan

"EXEMPTION NOTICE"

As required by New York Law

YOUR BANK ACCOUNT IS RESTRAINED OR "FROZEN"

The attached Restraining Notice or notice of Levy by Execution has been issued against your bank account. You are receiving this notice because a creditor has obtained a money judgment against you, and one or more of your bank accounts has been restrained to pay the judgment. A money judgment is a court's decision that you owe money to a creditor. You should be aware that FUTURE DEPOSITS into your account(s) might also be restrained if you do not respond to this notice.

You may be able to "vacate" (remove) the judgment. If the judgment is vacated, your bank account will be released. Consult an attorney (including free legal services) or visit the court clerk for more information about how to do this.

Under state and federal law, certain types of funds cannot be taken from your bank account to pay a judgment. Such money is said to be "exempt."

Does Your Bank Account Contain Any Of The Following Types Of Funds?

1. Social security;	9. Disability benefits;
2. Social security disability (SSD);	10. Income earned in the last 60 days (90% of which is exempt);
3. Supplemental security income (SSI);	11. Workers' compensation benefits;
4. Public assistance (welfare);	12. Child support;
5. Income earned while receiving SSI or public assistance;	13. Spousal support or maintenance (alimony);
6. Veterans benefits;	14. Railroad retirement; and/or
7. Unemployment insurance;	15. Black lung benefits.
8. Payments from pensions and retirement accounts;	

If YES, you can claim that your money is exempt and cannot be taken.

To make the claim, you must:

- (a) complete the **EXEMPTION CLAIM FORM** attached;
- (b) deliver or mail the form to the bank with the restrained or "frozen" account; and
- (c) deliver or mail the form to the creditor or its attorney at the address listed on the form.

You must send the forms within 20 DAYS of the postmarked date on the envelope holding this notice. You may be able to get your account released faster if you send to the creditor or its attorney written proof that your money is exempt. Proof can include an award letter from the government, an annual statement from your pension, pay stubs, copies of checks, bank records showing the last two months of account activity, or other papers showing that the money in your bank account is exempt. If you send the creditor's attorney proof that the money in your account is exempt, the attorney must release that money within seven days. You do not need an attorney to make an exemption claim using the form."

U.S. District Court, Northern District of New York

Court Case Number: 5:19-cv-01310-MAD-ATB

DISH NETWORK L.L.C. and
NAGRASTAR LLC

EXEMPTION CLAIM FORM

PLAINTIFF

V.

JOHN HENDERSON, DEBRA
HENDERSON and BOOM MEDIA LLC

DEFENDANT

—x—

ADDRESS A

Timothy M. Frank, Esq.
Hagan Noll & Boyle, LLC
Two Memorial Plaza
820 Gessner, Suite 940
Houston, TX 77024

ADDRESS B

Carthage Savings and Loan Association
146 Arsenal St.
Watertown, NY 13601

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice.

**If you have any documents, such as an award letter, an annual statement from your pension, paystubs, copies of checks or bank records showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.

I State That My Account Contains the following Type(s) of Funds (Check All That Apply):

- Social Security
- Social Security Disability (SSD)
- Supplemental Security Income (SSI)
- Public Assistance
- Wages While Receiving SSI or Public Assistance
- Veterans Benefits
- Unemployment Benefits
- Payments from Pensions and Retirement Accounts
- Income Earned in the Last 60 days (90% of which is Exempt)
- Child Support
- Spousal Support or Maintenance (Alimony)
- Workers' Compensation
- Railroad Retirement or Black Lung Benefits
- Other (Describe Exemption): _____

I Request that any correspondence to me regarding my claim be sent to the following address:

(fill in your complete address)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date

Signature of Judgment Debtor

U.S. District Court, Northern District of New York

Court Case Number: 5:19-cv-01310-MAD-ATB

DISH NETWORK L.L.C. and
NAGRASTAR LLC

EXEMPTION CLAIM FORM

PLAINTIFF

v.

JOHN HENDERSON, DEBRA
HENDERSON and BOOM MEDIA LLC

DEFENDANT

—x—

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- Child Support
- Spousal Support or Maintenance (Alimony)
- Workers' Compensation
- Railroad Retirement or Black Lung Benefits
- Other (Describe Exemption): _____

I Request that any correspondence to me regarding my claim be sent to the following address:

23891 RVS Route 342 Watertown NY 13601

(fill in your complete address)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Sept 25 2020
Date


Signature of Judgment Debtor

Form 1099-R

PAYER'S name, street address, city, state and ZIP code
NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM
110 STATE STREET
ALBANY NY 12244

1 Gross distribution 26,176.56	OMB No. 1545-0119 2019	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount 26,176.56	Form 1099-R	
2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	

PAYER'S TIN **J9** RECIPIENT'S TIN **XXXXX0273**

RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code
DEBRA HENDERSON
23891 NYS RT 342
WATERTOWN NY 13601-5161

3 Capital gain (Included in Box 2a) 0.00	4 Federal income tax withheld 2,490.84	5 Employee Contributions 0.00
6 Net unrealized appreciation in employer's securities 7	7 Distribution code IRA/ SEP/ SIMPLE	8 Other %
9a Your percentage of total distribution 0.00	9b Total employee contributions 0.00	
12 State tax withheld EXEMPT	13 State/Payer's state no. 69-0210001	14 State distribution NY
15 Local tax withheld	16 Name of locality	17 Local distribution

Copy B

Report this Income on your Federal tax return. If this form shows Federal Income tax withheld in Box 4, attach this copy to your Federal tax return. This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

Form 1099-R

PAYER'S name, street address, city, state and ZIP code
NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM
110 STATE STREET
ALBANY NY 12244

1 Gross distribution 26,176.56	OMB No. 1545-0119 2019	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount 26,176.56	Form 1099-R	
2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	

RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code
DEBRA HENDERSON
23891 NYS RT 342
WATERTOWN NY 13601-5161

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9a Your percentage of total distribution 0.00	9b Total employee contributions 0.00	
12 State tax withheld EXEMPT	13 State/Payer's state no. 69-0210001	14 State distribution NY
15 Local tax withheld	16 Name of locality	17 Local distribution

File this copy with your state, city, or local income tax return, when required.

Department of the Treasury - Internal Revenue Service

Form 1099-R

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NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM
110 STATE STREET
ALBANY NY 12244

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DEBRA HENDERSON
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15 Local tax withheld	16 Name of locality	17 Local distribution

Copy C For Recipient's Records

This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

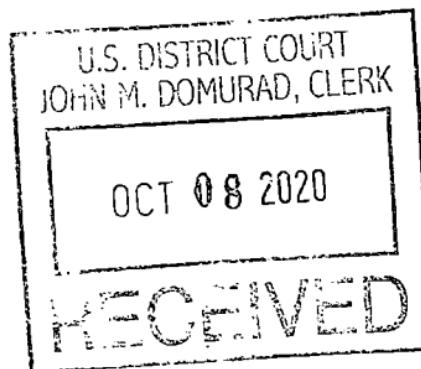
FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2019**

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

CU2485107-11211242924-1

Box 1. Name DEBRA A HENDERSON		Box 2. Beneficiary's Social Security Number 6
Box 3. Benefits Paid in 2019 \$16,077.50	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$16,077.50
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$13,783.00 Medicare Part B premiums deducted from your benefits \$677.50 Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$85.50 Voluntary Federal income tax withheld \$1,531.50 Total Additions \$16,077.50 Benefits for 2019 \$16,077.50		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld \$1,531.50
		Box 7. Address DEBRA A HENDERSON 23891 NY STATE RT 342 WATERTOWN NY 13601-5161
		Box 8. Claim Number (Use this number if you need to contact SSA.) 119-44-0813D

CU2485107-11211242924-1



US District Court
James T Foley US
Courthouse 445 Broadway Suite 509
Albany NY 12207

SCANNED

NEOPOST

10/06/2020

US POSTAGE

\$000.65⁰

FIRST-CLASS MAIL

ZIP 13619

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